

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
PERMIT

No. 254

H105.012-250M, rev. 12-70

FOR

BURIAL OR OTHER DISPOSITION OF A DEAD HUMAN BODY

| | | | |
|--|---|------------------------|----------------------|
| FULL NAME OF DECEASED <u>Mable A. Burdick</u> | | SEX <u>Female</u> | RACE <u>White</u> |
| DATE OF DEATH <u>10-6-1971</u> | CAUSE OF DEATH <u>arteriosclerotic disease</u> | AGE <u>90</u> | |
| PLACE OF DEATH <u>Scranton</u> | CITY, BOROUGH, TOWNSHIP <u>Scranton</u> | COUNTY <u>Lacka</u> | |

AUTHORIZED DISPOSITION (CHECK APPROPRIATE BOX)

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|--|----------------------------------|------------------------------------|---|---------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> BURIAL | <input type="checkbox"/> REMOVAL | <input type="checkbox"/> CREMATION | <input type="checkbox"/> SHIPMENT BY COMMON CARRIER | <input type="checkbox"/> DISINTERMENT | <input type="checkbox"/> REINTERMENT |
|--|----------------------------------|------------------------------------|---|---------------------------------------|--------------------------------------|

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|---|---|--|
| NAME OF CEMETERY OR CREMATORY <u>Chadwick Cem.</u> | LOCATION (CITY, TOWNSHIP, COUNTY) (STATE) <u>Chadwick, Luzerne Co. Pa.</u> | NAME OF CARRIER (IF SHIPPED) <u>Pa.</u> |
|---|---|--|

I CERTIFY THAT I WILL COMPLY WITH THE REGULATIONS OF THE DEPARTMENT OF HEALTH RELATING TO THE TYPE OF DISPOSITION STATED HERE.

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|--|---|
| SIGNATURE OF FUNERAL DIRECTOR <u>Oliver R. Dill</u> | ADDRESS <u>911 W. Main St. Carbondale, Pa.</u> |
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I CERTIFY THAT I HAVE ASCERTAINED THAT THE REGULATIONS OF THE DEPARTMENT OF HEALTH WILL BE COMPLIED WITH AND HEREBY AUTHORIZE

| | | | | |
|----------------------------|---|-------------------------------|---|--|
| THIS <u>[Signature]</u> | BURIAL, REMOVAL, CREMATION, ETC. <u>10-87971</u> | DATE ISSUED <u>10-8-71</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | MAILING ADDRESS <u>357 Main St. Carbondale, Pa.</u> |
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FOR BURIAL, REMOVAL OR CREMATION THE FUNERAL DIRECTOR SHALL DELIVER TWO COPIES OF THIS PERMIT TO THE CEMETERY OFFICIAL. THE CEMETERY OFFICIAL MUST RETURN ONE COPY TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH THE CEMETERY IS LOCATED.

SEE REVERSE SIDE FOR REGULATIONS